

10/500932

DT04 Rec'd PCT/PTO 0 8 JUL 2004

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: EFFICIENT LIPOSOMAL ENCAPSULATION

Attorney Docket Number:: 033388-589

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?: No

Latin Name::

Variety Denomination Name::

10/500932

DT04 Rec'd PCT/PTO 0 8 JUL 2004

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: China

Status: Full Capacity

Given Name: Xingong

Middle Name:

Family Name: LI

Name Suffix:

City of Residence: Cranbury

State or Province of Residence: New Jersey

Country of Residence: US

Street of Mailing Address: 103 Princeton Arms N.

City of Mailing Address: Cranbury

State or Province of Mailing Address: New Jersey

Country of Mailing Address: US

Postal or Zip Code of Mailing Address: 08512

10/500932

DT04 Rec'd PCT/PTO 0 8 JUL 2004

Applicant Authority Type::	Inventor
Primary Citizenship Country::	China
Status::	Full Capacity
Given Name::	Shangguan
Middle Name::	
Family Name::	TONG
Name Suffix::	
City of Residence::	Princeton
State or Province of Residence::	New Jersey
Country of Residence::	US
Street of Mailing Address::	17 Taft Court
City of Mailing Address::	Princeton
State or Province of Mailing Address::	New Jersey
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	08540
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Alla
Middle Name::	
Family Name::	POLOZOVA
Name Suffix::	

10/500932

DT04 Rec'd PCT/PTO 0 8 JUL 2004

City of Residence:: Cranbury

State or Province of Residence:: New Jersey

Country of Residence:: US

Street of Mailing Address:: Orchard 105M, 60 One Mile Road

City of Mailing Address:: Cranbury

State or Province of Mailing Address:: New Jersey

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 08512

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Paul

Middle Name:: R.

Family Name:: MEERS

Name Suffix::

City of Residence:: Princeton

State or Province of Residence:: New Jersey

Country of Residence:: US

Street of Mailing Address:: 29 Berrien Avenue

City of Mailing Address:: Princeton

State or Province of Mailing Address:: New Jersey

Country of Mailing Address:: US

10/500932

DT04 Rec'd PCT/PTO 0 8 JUL 2004

Postal or Zip Code of Mailing  
Address::

08550

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Walter

Middle Name::

R.

Family Name::

PERKINS

Name Suffix::

City of Residence::

Pennington

State or Province of Residence::

New Jersey

Country of Residence::

US

Street of Mailing Address::

248 Federal City Road

City of Mailing Address::

Pennington

State or Province of Mailing  
Address::

New Jersey

Country of Mailing Address::

US

Postal or Zip Code of Mailing  
Address::

08534

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

**Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/00377	01/08/03
PCT/US03/00377	An application claiming the benefit under 35 USC 119(e)	60/346,287	01/09/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

**Assignee Information**

Assignee Name::	ELAN PHARMACEUTICALS, INC.
Street of Mailing Address::	800, Gateway Boulevard
City of Mailing Address::	South San Francisco
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94080